

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 13, 1987

ALL-COUNTY LETTER NO. 87-09

TO: ALL COUNTY WELFARE DIRECTORS

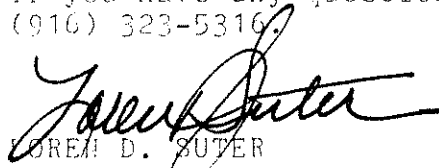
SUBJECT: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT
INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS)
CSUM INPUT DOCUMENT, SOC 374

REFERENCE: ALL-COUNTY LETTER NO. 86-109

Attached is an IHSS/CMIPS Csum Input Document, SOC 374 (2/86) for your immediate use. The copy is camera-ready for duplication by counties. This form will not be stored at the Department of Social Services Warehouse.

Please refer to All-County Letter #86-109 dated November 5, 1986, for a field-by-field description and instructions for completing the document.

If you have any questions, please contact Mr. William Schimeck at (916) 323-5316.


LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

**IN-HOME SUPPORTIVE SERVICES
CASE MANAGEMENT INFORMATION AND
PAYROLLING SYSTEM (IHSS/CMIPS)
COUNTY SUMMARY (CSUM)
INPUT DOCUMENT**

1	A	COUNTY CODE	___	___
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MONTHLY REPORTING

1	MONTH	YEAR	2	MODE	3	MONTH	DAY	YEAR
B	FOR MONTH	___	___	___	DATE	___	___	___
		TOTAL CASES	TOTAL HOURS		EXPENDITURES	SOC CASES		SOC AMOUNT
C	1 SI	2	3	4	\$			
D	1 NSI	2	3	4	\$			
E	1 TOTAL	2	3	4	\$	5		6 \$
F	1 REFUGEE	2	3	4	\$			

1	MONTH	YEAR	2	MODE	3	MONTH	DAY	YEAR
G	FOR MONTH	___	___	___	DATE	___	___	___
		TOTAL CASES	TOTAL HOURS		EXPENDITURES	SOC CASES		SOC AMOUNT
H	1 SI	2	3	4	\$			
I	1 NSI	2	3	4	\$			
J	1 TOTAL	2	3	4	\$	5		6 \$
K	1 REFUGEE	2	3	4	\$			

L	1 ESTIMATED MONTHLY COST (ALL MODES)	2 STAFF DEVELOPMENT \$	3 EDP \$	4 OTHER \$
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QUARTERLY REPORTING

1	QUARTER	2	FY	3	MONTH	DAY	YEAR
M	___	___	___ / ___	DATE	___	___	___
CONTRACT		HOMEMAKER/SUPERVISOR		OTHER COSTS		GRAND TOTAL	
N	1 CONTRACT COSTS \$	2 CASEWORK \$	3 STAFF DEVELOPMENT \$	4 (N1 + P1 + Q2) \$			
O		1 OVERHEAD \$	2 EDP \$				
P		1 SUBTOTAL \$	2 OTHER \$				
Q		1 TIME STUDY HOURS	2 SUBTOTAL \$				

R	1 PREPARED BY	2 DATE PREPARED	3 REMARKS
S	1 ENTERED BY	2 DATE ENTERED	3 REMARKS